

depression, premature ejaculation, and sexual dissatisfaction levels were similar in both penile fracture patients who underwent immediate surgical repair and healthy control subjects. Table 1. Mean scores of PEDT, HADS, and GRISS in patient and control groups.

	Penile Fracture Group (n=32) Mean \pm SD	Healthy Control Group (n=30) Mean \pm SD	p
PEDT	6.6 \pm 2.7	4.8 \pm 2.8	0.20
HADS			
HADS Anxiety	6.4 \pm 5.8	5.6 \pm 2.3	0.71
HADS Depression	4.6 \pm 3.4	5.8 \pm 3.5	0.49
HADS Total	11.0 \pm 8.4	11.4 \pm 5.1	0.91
GRISS			
Frequency	3.0 \pm 2.3	1.9 \pm 1.0	0.22
Communication	2.9 \pm 2.7	2.0 \pm 1.6	0.45
Satisfaction	3.6 \pm 1.5	4.1 \pm 1.4	0.50
Avoidance	1.5 \pm 1.7	1.5 \pm 0.8	0.96
Touching	1.1 \pm 1.5	1.8 \pm 2.4	0.54
Impotence	3.6 \pm 2.9	1.8 \pm 1.6	0.13
Premature ejaculation	4.8 \pm 1.5	4.5 \pm 3.2	0.84
Total	22.8 \pm 6.6	19.9 \pm 5.1	0.35

PEDT: Premature ejaculation diagnostic tool; HADS: Hospital anxiety and depression scale; GRISS: Golombok-Rust inventory for sexual satisfaction.

Conclusions: Penile fracture is a serious trauma for the patients. But immediate surgical repair of corporal ruptures had not any harmful long-term psychogenic sequelae on anxiety, depression, premature ejaculation and sexual satisfaction levels between patients with penile fracture and healthy control subjects.

S11 HEALTH-RELATED QUALITY OF LIFE IN TESTICULAR CANCER SURVIVORS IN SERBIA

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Introduction & Objectives: Testicular cancer (TC) is the most common malignancy in men aged 15-34 years, and there has been increasing incidence in many countries over the past years. With the introduction of platinum-based chemotherapy, TC has become curable in more than 95% of patients, implying the vast number of TC survivors (TCS) and emphasizing the importance of the quality of life of these patients after successful treatment. The aim of this study was to examine health-related quality of life (HRQOL), depression, and sexual function within a large and representative sample of Serbian long-term TCS.

Material & Methods: This is a cross-sectional study involving 202 TCS, regularly followed up for at least one year, in our institution, after radical orchiectomy and platinum based chemotherapy. The HRQOL was assessed by using SF-36 and EORTC QLQ-C30 questionnaires (validated Serbian versions). Beck Depression Inventory (BDI) was used to explore feelings and attitudes relating to general depressive status and to verify the influence of depression on HRQOL of TCS. Sexual function was assessed by a 9-item generic questionnaire.

Results: The mean age of patients involved in this study was 35.3 \pm 9.6 years, and the mean follow-up time was 47.3 \pm 26.8 months. The highest values of the SF-36 scales were obtained for Physical Functioning (89.2 \pm 17.8) and the lowest SF-36 values were obtained for Vitality (72.6 \pm 18.0). The mean score of the whole sample on the BDI-II was 4.0 (standard deviation, 5.0, range 0-22). One hundred seventy-seven patients (87.5%) were not depressed, 22 patients (11.0%) were mildly depressed, 4 patients (2%) were moderately depressed, and no patients were severely depressed. The analysis of mean values of subscales of EORTC QLQ-C30 in our patients showed that the highest mean value of the three symptom scales was registered for Fatigue (19.7 \pm 20.9). A total of 55 (27.3%) TCS reported decreased sexual function compared to the period before treatment. Any level of impairment of erectile function was reported by 42 (20.8%) patients. In patients with decreased sexual function as well as impairment of erectile function, statistically significant differences ($p < 0.01$) were observed in all QOL domains (both SF-36 and EORTC QLQ-C30) and BDI. Depressed mood (measured by BDI) statistically significantly ($p < 0.01$) correlated with all SF-36 and EORTC QLQ-C30 sub-scales.

Conclusions: In conclusion, our patients reported high levels of HRQOL and implied the low risk of long-term psychosocial effects. Additionally, patients with TC should be counseled about the relatively modest impact of their treatment on sexual function.

S12 ONE YEAR RESULTS OF PENILE CORPORAPOPLASTY USING CRURA OF TUNICA ALBUGINEA IN TREATMENT OF PENILE CURVATURE IN PEYRONIE'S DISEASE

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Introduction & Objectives: A Nesbit or plication procedures for correcting penile deformities is associated with penile shortening, especially in patients with excessive curvature. On the other hand, grafting procedures varies in success and long term follow-up shows a significant graft retraction and erectile dysfunction. We evaluated the clinical success of crural tunica albuginea autograft, in our patients during one year.

Material & Methods: Between 2006 and 2010, 14 patients who were referred to Imam Reza hospital (mean age 48.07) with deformity and induration of penis for more than 6 months despite of normal rigidity underwent surgery. After excision of plaque, second incision in perineal midline was made and Tunica albuginea grafting removed from crural segment. Resulting gap was covered with free graft. Follow-up visits were done at 3, 6 and 12 months later.

Results: Major perioperative complications weren't seen and all patients reported spontaneous erection after a week. At 3, 6 and 12 months follow-up there was straightening of penis in 92.85%, 92.85% and 78.25% of patients and acceptable erectile function in 100%, 92.85% and 85.7% of them. After a year, curvature of penis more than 20 degrees in 3 (21.4%) and worsening of erectile dysfunction in 2 patients (14.3%) was happened. Minimal shortening of penis in 3 patients (21.4%) didn't interfere with intercourse. Palpable induration and hyposensitivity of glans, anyone in 2 patients (14.3%) was seen. Patients satisfied of cosmetic results in 92.85% and functional consequences in 78.5%.

Conclusions: Using Tunica albuginea autograft from crural segment for the treatment of Peyronie's disease is an available option with high cosmetic and functional patient satisfaction, acceptable straightening of penis and preservation of erectile function without more shortening. Further studies with more patients and long time follow-up is recommended.

S13 TOTAL PHALLOPLASTY IN FEMALE TRANSSEXUALS: TECHNIQUE AND OUTCOMES

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Introduction & Objectives: Total phalloplasty includes creation of neophallus from an extragenital tissue, large enough to enable insertion of penile prosthesis and penetration during sexual intercourse and is usually done as a separate procedure. We evaluated principles of technique and outcomes using latissimus dorsi microvascular free flap phalloplasty in female transsexuals.

Material & Methods: Between May 2007 and March 2011, 42 female transsexuals, aged 21 – 58 years (mean 37 years) underwent sex reassignment surgery that included: Removal of internal/external female genitalia, creation of neophallus using microvascular latissimus dorsi free flap, clitoral incorporation into the neophallus, urethral lengthening and insertion of testicle prosthesis into the scrotum created from joined labia majora. Penile prosthesis insertion was done 6 to 12 months later.

Results: Follow-up was from 6 to 48 months (mean 31 months). The length of neophallus ranged from 13–17 cm with circumference from 11–14 cm. There was no partial or total necrosis of the phallus. Urethral fistula occurred in 5 cases and repaired 3 months later.

Conclusions: Total phalloplasty is feasible and safe surgical procedure. The main advantage is complete reconstruction of neophallus that avoids multi-staged gender reassignment surgery in female transsexuals. Our results confirmed successful outcome.

S14 DIRECT VISION INTERNAL URETHROTOMY: ROUTINE OR STAR-LIKE INCISION?

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Introduction & Objectives: The aim of the study was to determine outcome of star-like internal urethrotomy in comparison with routine urethrotomy.

Material & Methods: One hundred men with bulbar urethral stricture less than 1.5 cm whom candidate for Direct Vision Internal Urethrotomy (DVIU) were enrolled in this study. Patients with urethral stricture caused by prostatectomy, with history of internal urethrotomy for two times or more, and with stricture in other sites of urethra (except bulbar urethra) had been excluded. Patients were assigned in a randomized manner, with 50 patients in each group of routine internal urethrotomy (group 1) and star-like internal urethrotomy (group 2). After procedure a 16-Fr siliconized foley catheter was inserted for the patients. The foley catheter removed 3 to 7 days post urethrotomy, and Clean Intermittent Catheterization (CIC) was

done by all patients according to our protocol. Our patients followed for a mean time of 24 months.

Results: Mid-portion of bulbar urethra was the most site of stricture with urethritis as the most common cause. In group 1 the recurrence rate of stricture after 3, 6, 9, 12, 18 and 24 months was 60% (30 pts), 66% (33 pts), 70% (35 pts), 72% (36 pts), 74% (37 pts) and 74% (37 pts) respectively. In group 2 the recurrence rate of stricture after 3, 6, 9, 12, 18 and 24 months was 30% (15 pts), 34% (17 pts), 36% (18 pts), 36% (18 pts), 36% (18 pts) and 36% (18 pts) respectively. The success rate after 24 months was 26% and 64% in group 1 and 2 respectively. Urethral bleeding was comparable in two groups. No other complications such as perineal hematoma, extravasation of fluid into the perispongiosal tissues and impotency were observed in both groups.

Conclusions: According to our study, star-like IU is a safe and efficient method of DVIU in comparison with routine method.

S15 ANTERIOR URETHRAL SUBSTITUTION BY COMBINED BUCCAL MUCOSA GRAFT AND PENILE SKIN FLAP

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Introduction & Objectives: Repair of most severe anterior urethral strictures often requires complete substitution of the affected urethral segment. We evaluated a method of combining buccal mucosa graft and penile skin flap to create a complete urethral lumen in the treatment of complex anterior urethral strictures.

Material & Methods: Between April 2008 and February 2011, 33 patients aged from 15 to 63 years underwent one-stage substitution urethroplasty due to a severe anterior stricture. Indications were failed hypospadias repair in 22, failed urethroplasty in 6 and iatrogenic stricture in 5 patients. Nobody had lichen sclerosis. The fibrotic urethral segment was completely removed from the corpora cavernosa. Additional curvature was revealed in 7 patients and repaired by plication technique. Urethral substitution was performed using buccal mucosa graft, placed dorsally and vascularized dorsal penile skin flap, transposed by button-hole maneuver and sutured with graft. Penile body was reconstructed using available remaining penile and preputial skin. Suprapubic catheter was left for 3 weeks postoperatively.

Results: Mean follow-up was 23 months (ranged from 5 to 38 months). Mean length of the stricture was 5.8 cm and varied from 3 to 9.2 cm. Successful result was confirmed in 29 patients by uroflowmetry and urethrography. Short stricture was occurred in 3 cases and repaired 6 months after surgery. In two cases, fistula was noticed and resolved spontaneously two months after surgery. Partial superficial necrosis of the dorsal penile skin was occurred in 4 cases and solved spontaneously.

Conclusions: Combined buccal mucosa graft and penile skin flap could be a good choice for one-stage urethroplasty in severe anterior urethral strictures. However, this procedure is reserved only for cases without lichen sclerosis of the penile skin.

S16 SURGICAL TREATMENT OF PEYRONIE'S DISEASE: SUBSTITUTION OF PLAQUE BY BUCCAL MUCOSA GRAFT

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Introduction & Objectives: Peyronie's disease is characterized by the formation of a fibrous lesion (plaque) within the tunica albuginea of the corpora cavernosa, which consist to penile pain on erection, erectile curvature, painful intercourse and erectile dysfunction. Plaque excision and tunical grafting by buccal mucosa is widely used to correct penile curvatures secondary to Peyronie's disease. Objective of this study was to evaluate the efficacy of plaque excision and buccal mucosa grafting in the correction of clinically significant curvatures after Peyronie's disease.

Material & Methods: We conducted a prospective study of 18 patients with Peyronie's disease. This study was carried out at the Department of Urology, Clinical Hospital Tetovo, in the period from January 2005 to June 2011. Patients completed a Peyronie's disease specific questionnaire detailing medical history, health related behaviors and Peyronie's disease characteristics, underwent sonographic evaluation of the penis and artificial erection with measurement of curvature and length of affected side. All patients underwent plaque excision and buccal mucosa grafting by the same author. Follow-up visits were scheduled at 1, 3, 6, and 12 months postoperatively.

Results: Mean penile curvature was 68° and mean patient age was 53.8 years. Duration range of surgery was 120-180 minutes. There were no intraoperative or postoperative complications. All patients resumed unassisted intercourse one month after surgery. Six months postoperative evaluation showed 100% penile straightening, excellent rigidity, no penile shortening, no curvature recurrence or de novo erectile dysfunction.

Conclusions: Buccal mucosa graft, because of its prompt revascularization, provided excellent results after plaque excision in the correction of severe penile curvatures secondary to Peyronie's disease. This surgical treatment obtain penile straightening in 100% of cases at mean follow-up 12 months. Keywords: Peyronie's disease, plaque excision, buccal mucosa grafting.

Poster session 2 BPH, PROSTATE CANCER Friday, 14 October, 10.50-12.30, Poster session room 2

S17 MALE LOWER URINARY TRACT SYMPTOMS AND RELATIONSHIP WITH HYPERTENSION

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Introduction & Objectives: It has been proposed that pts with hypertension may have Sympathetic Overactivity (SO). SO is widely assumed that can aggravate Lower Urinary Tract Symptoms (LUTS). We investigated relationship between LUTS and Hypertension (HT).

Material & Methods: From January 2009 to December 2009 were enrolled 101 pts in a 12-wk, open label study of men with LUTS and HT, previously treated with selective α 1-blocker (tamsulosin®). They were ≥ 50 ys old, International Prostate Symptom Score (IPSS) ≥ 8 , maximal flow rate (Qmax) ≤ 15 ml/sec, TRUS of prostate ≥ 25 gr. 47 pts with HT were treated with non-sympathetic anti-hypertensive drugs (group A, 40.59%). 54 were normotensive pts (group B, 59.4%). We assessed the change of IPSS before and after medication. LUTS (IPSS ≥ 8) were categorized as storage and voiding symptoms. Exclusion criteria included pts treated with sympathetic anti-hypertensive drugs.

Results: The mean IPSS between two groups was significantly different (19.0 \pm 4.0(A) vs 16.9 \pm 7.0(B), p=0.01). In IPSS storage score, two groups were significantly different (8.5 \pm 2.4(A) vs 6.9 \pm 3.9(B), p=0.01). However IPSS voiding score was similar (7.8 \pm 2.5(A) vs 7.6 \pm 3.6(B), p=0.55). After 12-wk of treatment, all patients significantly improved in IPSS: -5.5 \pm 3.7 (A, p=0.03), -5.3 \pm 3.8 (B, p=0.04). The effect on storage symptoms was more prominent in group A (-3.3 \pm 2.8(A) vs -2.1 \pm 1.2(B), p=0.04). However there was no significant difference in voiding symptoms (-3.6 \pm 1.9(A) vs -3.4 \pm 2.4(B) p=0.52).

Conclusions: Mean IPSS was higher in hypertension group. Also IPSS storage score was higher in hypertension group. The selective α 1-blocker significantly improved storage symptoms more in patients with hypertension. Therefore, hypertension can be a risk factor for LUTS in BPH patients. And the storage symptoms are more affected.

S18 DIAGNOSTIC VALUES OF DETRUSOR WALL THICKNESS, POSTVOID RESIDUAL URINE AND PROSTATE VOLUME TO EVALUATE LOWER URINARY TRACT SYMPTOMS IN MEN

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Introduction & Objectives: This prospective, controlled clinical study aimed to evaluate the diagnostic values of detrusor wall thickness (DWT), postvoid residual urine volume (PVR), and prostate volume in men with lower urinary tract symptoms (LUTS).

Material & Methods: During a 18-month period, a total of 243 males were included in the study. Three groups were assessed due to their International Prostate Symptom Score (IPSS): Men with normal lower urinary tracts (n=51, control group), men with mild LUTS (n=60, group 1) and men with moderate to severe LUTS (n=132, group 2). DWT, bladder and prostate volume and PVR were measured by suprapubic ultrasonography. DWT was measured in two ways: When the bladder was full (DWT-1) and empty (DWT-2).

Results: Mean age for the whole study population was 60 \pm 0.61 years. Mean IPSS for the whole group was 8 \pm 0.36. Both the bladder and prostate volumes in group 2 was statistically significantly higher than the control group and group 1. Mean DWT-1 value was significantly lower in the control group when compared to groups 1 and 2 (Table 1). However, when study groups were compared with each other, no statistical significance was noticed (1,12 vs 1,17 mm). In contrast, the mean PVR and DWT-2 values were significantly different in each groups. There was a significant correlation between IPSS questionnaire results and all individual parameters. Table 1: Baseline data and the comparative analysis of groups